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ABSTRACT

This is a description of a mental health project in which the goal of assisting the general public in managing stability-threatening situations is pursued by starting outside the community mental health center, in a rural high school. Included are: (1) a description of students; (2) a statement of goals that directed the teaching effort; (3) the content and format of the course; (4) student response; (5) evaluation; (6) the issue of entry into the school system by community mental health center; and (7) the role of the mental health consultant in a rural area. (Author)

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The School Consultant As Teacher:

Preventive Mental Health Curriculum In A Rural Public High School

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The program described herein was conducted at Hodgdon High School, Maine School Administrative District 70, Hodgdon, Maine 04730. The authors express appreciation to Superintendent of Schools, Lloyd Chase, and the Directors of MSAD 70, for maintaining a climate of support for projects such as this one. We give particular recognition to Donald Oliver, Principal of Hodgdon High School, who saw in his students the need to address the issues of adult life, and whose vision and encouragement were essential to the development of the program.

There is a familiar story told in Maine of the out-of-state tourist lost along an old country road, who hails a farmer from his field, and asks directions. The farmer listens intently to the tourist's plight, gazes up and down the road, and then replies "You can't get there from here. You have to start from somewhere else."

Our presentation describes a preventive mental health project in which the goal of assisting the general public in managing stability-threatening situations is pursued by starting outside the community mental health center, in a public institution of society, a rural high school. The project, which grew out of a school consultation program from the Aroostook Mental Health Center, took place at the Hodgdon, Maine, High School, which serves approximately 250 students drawn from seven small farming and lumbering communities in Northern Maine's Aroostook County.

Together, we, a school consultant from the Consultation and Education Program of AMHC, and a Hodgdon High School faculty member, designed and taught a full year course in preventive mental health for high school juniors and seniors. The course stressed communication skills which we felt were essential to establishing a healthy family atmosphere, and problem solving techniques for dealing with predictable life challenges which most students were likely to encounter in adult life. Examples of such challenges, which we anticipated would occur in the future experience of the students themselves, their extended families, or of their friends and acquaintances, are the issues

of marriage, birth, and death; debilitating physical or mental illness; and threats to the ability to provide adequately the material needs of a family. At the suggestion of our students our list of life challenges grew to include such issues as financing a new home, planning a wedding, and purchasing an automobile, endeavors which society expects to be handled competently, and therefore endeavors which an individual sees as testing and reflecting his integrity and competency as a member of society.

Our presentation proceeds with the following outline: (1) a description of the students whom we endeavored to serve; (2) a statement of the goals that directed our teaching effort; (3) the content and format of the course; (4) student response; (5) evaluation; (6) the issue of entry into the school system by community mental health center; and (7) the role of the mental health consultant in a rural area.

Students

The class of twenty-eight students electing the course was heterogeneously grouped, with both pre-college and pre-vocational students included. A wide range of academic abilities and levels of academic achievement were represented. Some students had superior reading skills at a college level, while others read at a fifth or sixth grade reading level. Most students came from families engaged in farming or lumbering, or in support services related to those two industries. Few had traveled extensively outside of Aroostook County.

All students elected the course as a Psychology and Sociology course listed in the regular curriculum. There were

twenty-three girls and five boys, a ratio which seemed to reflect a stereotyping of psychological issues as being the province of women, in a family. The enrollment figure of 28 represented approximately 20% of the total enrollment of all juniors and seniors at Hodgdon High School.

Goals of the Preventive Mental Health Course

From our contacts with students and other faculty members, we had made a number of observations about students which prompted the development of the course. A majority were likely to go to work soon after graduating from high school, marry, and begin to raise families. They would soon be making vital decisions about family life, which would affect their lives and the lives of other prople around them. Students were concerned for behavior which they saw in their own families or those of friends, which they saw as negative or destructive - poor communication, alcohol abuse, break-up of family relationships, for example- but saw no way to change such circumstance.

We observed a cycle. High school youth, recognizing the challenges and crises of adult life bemoaned the effects of these upon themselves in their own families, saw themselves as powerless to alter circumstances, and then would enter adult life having experienced no significant way for coping with the demands of that life other than that which they had themselves known in growing up.

Consequently, we decided to design a course for students with the following goals: (1) To prepare students for functioning in family situations, anticipating and simulating decisions they would be likely to make; (2) To teach specific skills for

managing specific crises, envisioning the individual as the primary delivery agent of mental health care for his family and himself; (3) For students to experience adult crises, problematic situations, and decision points through simulation, thereby potentially reducing the negative impact of these events by making them anticipated and experienced. We felt that if students could walk through a situation in the course, should they encounter a similar situation in adult life, the situation would be less unfamiliar, less threatening, and thereby more manageable; (4) To employ as course material the existing concerns of the students about issues they saw about them in their daily lives: (5) To elicit problem-solving techniques from the students themselves, as well as to provide skills employed by professionals in mental health; and (6) To use teaching and learning formats that recognized the variety of learning abilities, interests, and experience represented in the class enrollment, permitting maximum participation by students.

Course Content

The course spanned a full school year, meeting forty-five minutes per day, five days a week. We divided the year into three parts. During the first portion of the school year the focus was on general family issues, which were studied by the class as a whole; during the second portion, topics for study were selected by the students and studied by the whole group; during the final portion, students identified topics of personal interest, studying these in groups of two or

three, or alone, and leading classroom presentations for their fellow students. We provide examples of the content from each section of the course.

Section I - Family Issues: Topics studied in this initial part of the course included family constellation and differential treatment of children within a family; establishing regular means of communication and opportunities for expression among family members; helping children through failure experiences; sex roles within a family; handling substance abuse in children and youth; children and multi-racial experiences; raising children in one-parent families; managing dating of children; supporting the strengths of each family member. At this time students were engaged in role play, interviewing other students, interviewing community adults, and developing position papers substantiating their own views.

A helpful resource at this point in the course were videotapes from the educational television series Self-Incorporated, produced by the Agency for Instructional Television.[1] This series was produced for students to examine the impact upon themselves of physical, social, and emotional changes of adolescence. In our course students were asked to play the role of parent, as well as child, in analyzing these tapes. The videotape format permitted re-viewing of significant scenes, and for role-playing alternative behavior by both parents and children, to be compared to the tape presentation. As parents, students were asked to develop two sets of techniques: (1) methods of family communication to prevent minor crises from developing into major crises; and (2) problem-solving techniques to deal

1. Agency for Instructional Television, Bloomington, Indiana 47401: 1975

with specific crises.

Examples of family communication techniques which were discussed, analyzed, and practiced, were: arranging a forum for the exchange of views; skills of listening to feelings expressed as well as to ideas expressed; correcting behavior through a focus on specific behavior in question, rather than on the total individual's being questioned. Examples of crisis techniques at this point in the course included how to speak with a son or daughter who has been arrested; managing defiance in a child that stems from failure in an experience outside the home; communicating to children about separation and divorce.

Among many observations we were to make of our students, two stood out as significant to us at this time. Students saw the development of a family as a joint responsibility of both marriage partners. We had anticipated a more traditional role definition from students, at least initially. As a majority of our students were girls, it could be hypothesized that they had a greater stake in seeking a shared responsibility than the boys. However, our small selection of boys appeared to share the idea that a family was very much a joint venture, to be planned and worked on by both partners. A second observation was that our students placed a high value in regular communication as a basis for family development. They saw communication as the basis for problem-solving. What we heard our students saying was that they wanted adults to listen to them more then they did presently, but were at a loss at how to establish desireable communication in a family. Our work in communication touched

an existing need among our students.

Section II - Student-Identified Issues for Class Study: Students met during class sessions designated for planning the course, and identified specific problem areas which they would like to address as a whole group. These areas included learning disabilities in children, mental retardation, mental illness, alcoholism, marriage, and divorce. For each area guest speakers were invited to the class. These guests were usually representatives from community agencies. The School Consultant played a liasion role during this portion of the course identifying suitable speakers and arranging for their visits.

This part of the course opened to the students a range of family services available in the community. It is doubtful that more than a handful would have known such services existed and had direct contact with their representatives had the course not provided this contact. For example, a clinical psychologist from the Aroostook Mental Health Center came to the high school and made a presentation to the class on family therapy. As a result, twenty-eight young adults, our students, had a preventive mental health experience with a member of the local community mental health center clinical staff. We surmise that this contact, which students enjoyed, would make the center's services that much more likely to be used at a future time of need, by these students, their families, and their friends.

Another example of a visit was that of a social worker from the Houlton Residential Center, a local residential facility for severely and profoundly retarded children. Our students had been fearful of how they would manage a mentally retarded child in their own family. The social

worker discussed the services available to families of retarded children, and invited the class to tour his facility.

This portion of the course saw the students encounter the resources available in a community. We considered this contact, this building of a bridge between personal needs and professional agencies designed to meet those needs, as a major accomplishment. By discussing potential crises and how to use appropriate services, we were "walking through" crises ahead of time, making them less unfamiliar, therefore less threatening, and therefore more manageable.

Students had often told us that they would never use a mental health center because it was place for crazy persons, or they did not want someone to shrink their heads, or for some other stereotyped reason. The personal contact with the center, and the other agencies and services, dispelled such stereotypes, and made services become a viable alternative to which one of the students at some point in his or her life could turn in time of need.

Among the activities arranged during this middle portion of the course were a series of presentations on learning disabilities by the School Consultant, and a study of marriage in which students formed working groups and examined the decisions an engaged couple must make in planning their joint future. For this latter project, students had to "walk through" the preparations for a wedding, and address issues of jobs, education, relationships with in-laws, and child-rearing.

Section III- Student Projects: A brainstorming session was held to initiate this final portion of the course, with students

listing questions and issues they wanted to see addressed by the end of the course. Groups of two or three students were formed to work on topics selected from this list. A few students requested to work by themselves, and these requests were honored.

At this point in the course students chose to study issues which we professionals had not conceptualized as mental health issues. Students were interested in what to do when you are arrested, how to secure repairs to a wrecked automobile, and how to obtain a mortgage. In retrospect, we do see these as related to mental health. They, and similar issues, challenge an individual's ability to cope with misfortune and to plan for the future. Certainly, failure to do either could be threatening to the psychological integrity of the individual. Student input helped us to broaden our concept of what might legitimately be considered preventive mental health issues.

The issues selected also included job opportunities for women, how to arrange a funeral, and how to handle a suicide threat. For all projects students were required to put themselves in the situation they had selected, make appointments with the appropriate agencies, and discover first-hand what it would be like to resolve the issue. The group studying funerals went to a funeral home and interviewed the staff there about decisions a family was likely to make, and the costs involved. Among their conclusions was one that decisions involving considerable amounts of money were demanded of people at at time when they were not emotionally prepared to make them. Another experience of interest was the attempt of a group of students to call a suicide

hot-line, getting four successive busy signals before getting operator assistance to get the call through!

All student groups produced written reports and presented their findings to the whole class. The teacher assisted the students in planning their presentations, and then organized follow-up class experiences around these presentations.

Response to the Course

We wish to provide an example of the quality and sincerity of thought expressed by the Hodgdon students as they faced the issues of the course. During the middle portion of the course, when the topic of study was mental illness, the School Consultant taught a class on how to handle depression. The approach used was to ask students to list methods they thought would be effective in countering depression, then to prioritize the list, and eventually form guidelines. Students recommended the following:

(1) Awareness: Understand that you are, in fact, depressed, and, through that understanding gain a measure of control over the depression;

(2) Communication: Maintain contacts with other people; do not isolate yourself;

(3) Be active and busy: Keep going, do not brood, accomplish small things;

(4) Don't take yourself too seriously: It is not the end of the world; keep yourself-respect and believe that you will get through this difficult time;

(5) Goal-setting: Establish something to work towards, some purpose.

In our opinion, this was an impressive list. We felt that it reflected receptivity to the course, a commitment to contribute to the course, and, in all likelihood, success that students had experienced with trying out certain of the course's principles and techniques in situations which they were presently facing.

Evaluation

Effective evaluation of the course was a concern of ours from the beginning. Our overall purpose was to prepare students for challenges of adult life. It will be a while before the course is put to the test, in that regard. We discussed a longitudinal evaluation but, as we were formulating the course as we taught it, we were hardly prepared for the rigorous definition and analysis of variables required for such an evaluation. There was also a need for evaluation of our success with the course as it was being taught. The high school principal commented to us that he had not heard any students complain about the course, and therefore we must be doing something right. In a public high school, that can be the highest form of praise! We approached our two concerns in evaluation - effectiveness in teaching skills, and effectiveness in conducting a class of interest and substance from day to day through a number of feed-back procedures.

Meetings of the class to discuss course effectiveness and future topics for study, were conducted approximately once every two weeks. These sessions took on the air of a family council, in which the views of all students were entertained and respected. As students saw suggestions for course content actually implemented, their confidence and willingness to con-

tribute increased. We feel that the course became a joint venture between instructors and students, and that this was in itself a major accomplishment.

Written material requiring evaluation of topics of study, and indicating student mastery of information presented, was required weekly. Periodic examinations required students to apply problem-solving techniques to sample issues, as a check upon both the students understanding of techniques, and their facility in applying them to new situations.

Our evaluation format was conventional for a high school course offering, to the extent that we required written examinations and reports on student projects. The classroom discussion sessions involving self-evaluation are probably less conventional, though we are aware of other teachers who use this technique. A more sophisticated evaluation procedure was not required of us, nor was it needed to facilitate the daily functioning of the course.

For persons considering offering a similar course, we suggest that students be surveyed early in the course for their response to selected predictable adult life crises, and family situations, with a post-course survey to follow. Frequent requiring of examinations helped to determine the effectiveness of our teaching, and to focus the attention of the students, and should be a part of a course like ours. Family council-like meetings were valuable for course evaluation; further, they provided the opportunity to demonstrate and practice communication and group problem-solving skills which we were presenting. Finally, we advocate some type of longitudinal study,

in which students are contacted in the future and interviewed regarding the course's influence on them in their adult decision making. This approach could be effective in maintaining contact between the CMHC and course members, as the students leave school and enter into family and work roles in the community.

Systems Entry

At the time of the project, the school district maintained a contract with the CMHC for school consultation services. Evaluation and consultation concerning referred children and high school youth takes a major portion of the contracted time; but time is also allocated to projects related to teaching groups or whole classes in which the incidence of learning handicaps is significant enough to warrant special attention. In-service training, parent counseling, consultation to teachers concerning methods, and special education program development within the school system are other examples of consultant efforts. A single referral may lead to eventual program development: from consultation and evaluation concerning one student come recommendations for teaching methods and content, which in turn often lead to consideration for teaching other students with like needs. This process was part of the school consultation program strategy.

The following steps led to the establishment of the course:

1. Regular, at least bi-weekly, contact was maintained with the high school principal, concerning both individual students and program development.

2. Informal contact with teachers was maintained wherever possible - the teachers' lounge, extra-curricular activities - inaddition to the formal time spent in evaluation and consultation activities.

3. The school consultant on occasion taught classes jointly with a high school teacher, appeared as a guest speaker, or even taught a class by himself. These teaching activities were sometimes incorporated as part of the evaluation process, affording an opportunity to observe students. Activities such as these lent credibility to the consultant's competency for making workable classroom recommendations, and surely were an asset when the proposal for a joint teaching venture was discussed.

4. Two years into the consultation process, these three elements fell into place: A principal saw a need to educate students for the personal challenges of adult life; a teacher wanted to re-design the psychology course assigned to him in the curriculum; and the school consultant, with some credibility in the school regarding teaching and curriculum, was interested in school curriculum endeavors that served students in groups.

5. Planning for the course took place in the spring and summer prior to the new school year. During the school year the teacher and school consultant met twice a week to plan the course. The frequency

of these meetings was reduced to once per week, and eventually bi-weekly, as the school year progressed. The bulk of the teaching was carried out by the Hodgdon High School faculty member. The consultant attended the class on an average of once per week, co-teaching, teaching on a special topic, or simply sitting in on discussions.

In reviewing the process of systems entry, two elements were vital to establishing the course: accessibility to the administration; and credibility of the consultant as an educator as well as a psychological intervenor. These elements combined with certain school system assets: recognition of student needs, faculty willing to program for those needs. All of these factors made it possible to capture the moment, turning the idea of a concerned faculty member into a curriculum offering.

Role of the Rural Community Mental Health Center Concultant

In their discussion of obstacles to effective preventive mental health programming, Anthony Broskowsky and Frank Baker contend that primary prevention must take place within the primary institutions of society, such as the locations of school and work.[2] Certainly the schools have a large constituency, under one roof, and commonly seek assistance from mental health professionals in serving the personal and academic needs of that constituency. We suspect, however, that an obstacle to primary prevention, once inside a school system, is the desperate need

2. Broskowski, Anthony and Baker, Frank. Professional, Organizational, and Social Barriers to Primary Prevention. American Journal of Orthopsychiatry. 44(5), 707-719: 1974.

for help with individual cases, and the readiness of mental health consultants to assume a clinical posture in relationship to those cases. Involvement in curriculum, as teacher as well as planner, addresses issues of concern to principals and faculty members: tackling mental health and special educational needs in the context of classrooms and courses, rather than on strictly a case-by-case basis.

As the consultant becomes a teacher, as well as an evaluator, a consultant on behavior management, a consultant on teaching methods, and a program developer, improved effectiveness can be realized in these other areas of consultation. The close relationship between the consultant and those who are in the school each day permits a more realistic assessment of resources and strategies within a school that may be helpful to the individual student than may otherwise be the case. The likelihood of making an inappropriate or unrealistic recommendation may be reduced.

Further, faculty, students and parents, can become recipients of the lesson in primary prevention that the Community Mental Health Center is part of their community and their school. A significant percentage of families can be contacted through schools, eliminating certain of the geographic and cultural obstacles that hinder the delivery of rural mental health services.

A further benefit from such joint endeavors is what the CMHC has to learn from the school. Working alongside experienced and insightful teachers, the consultant can gain clinical teaching skills. Operating in a school environment, the CMHC can become more sensitive to the values and needs of the community. The joint working relationship can truly benefit both parties.

"Boundaries of Mental Health" is the theme of our meeting of the American Orthopsychiatric Association. Our experience with Hodgdon, Maine, High School, is that a joint venture of school and mental health center, teaching preventive mental health is clearly and encouragingly within those boundaries.